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Practical nursing has been placed seventh on the list, as the other subjects should be taught as far as possible before the nurse handles sick people.

This paper should close here but a word must be added for the pupils in training. The training is very hard, the life is a self-sacrificing one at its best. It is devoid of pleasures except those to be grasped at the moment. What nurse, for instance, can make an engagement for two weeks ahead? The subject of the nurse's hours in the practical work of the wards should receive the most earnest consideration and the view from the pupil's standpoint given some greater prominence than it has had in the past.

We are through, and know what it all means. We know many things were unnecessarily hard. There are still enough discouragements to meet those in training at the best but we know present conditions might be improved and should be. So let us turn our efforts to this end.

If preparatory work in training for teaching, for superintendents and for special fields could be given outside of the hospitals and only the practical part kept for the hospitals it would relieve much of the strain on the training schools of to-day and on the pupils in them. One or two colleges have taken up the preparatory work, and Columbia has a training school for teachers, but so far the majority of schools are bearing the burden of the complete training, with varying results.

HELPS TO SUCCESS IN PRIVATE DUTY

BY GERDA M. ANDERSON

Graduate of the Lakeside Hospital, Milwaukee

I WRITE with the hope that these few lines will be a help to some of my fellow-nurses just ready to start out on the uneven path of private nursing.

I know of nurses who, with or without reason, will refuse call after call, just because it does not happen to suit their personal taste. One does not want to nurse among the wealthy, because she feels slighted at times. Another objects to nursing among the poor because it is too hard work. Of course everyone is free to choose her work, but I wonder whether any doctor or anybody in charge of a nurses' register will keep on calling a nurse, who is always ready with an excuse, instead of cheerfully responding to the call.

I have heard these same nurses speaking about luck,—good or bad. It rests with ourselves to make or mar. Luck certainly does not come

to anybody who sits with folded arms, waiting for it. How can we expect to have patients or their homes made to suit our personal taste? We cannot always have things just as we wish in our own homes.

The nurse who entered a training school because she loved the work and felt a great desire of wanting to be helpful to others, and who has allowed this noble feeling to develop as she has gone along, will never think of refusing a call except for some very good reason. She is needed and wanted, and this is to her sufficient reason for responding cheerfully. She will always be wanted by the doctor and her former patients, and need never know "hard luck," as far as work is concerned. She will bring into the homes where she is called, hope and help, and be a blessing for her patient as well as the rest of the household, leaving an empty space when she goes. They will all miss her and for many a day talk about her as a ray of sunshine who came to warm and cherish when things looked so gloomy.

I have often wondered why nurses seem to be subject to more severe criticism than the average woman. But since it is the fact, and so much is expected of us, let us be our own critics, putting ourselves in the public's place, and try to come as near to the expected mark as possible. At least, let us do the best we know how, with our one talent.

It is not the actual care of the sick, which proves the hardest task, for this we have all been taught as our A, B, C, and to the true nurse it will always be interesting enough to bring out the best in her. But on private duty more is expected of her; at least, more is hoped for. She must be a woman in this word's fullest meaning, ready with good sense always, and a kind word for everybody. It takes an endless amount of tact, it is true, to always know what to do, and how to do it, since our patients live under such different circumstances, sometimes without any servants and then again with a score of them. A nurse is often more criticized in the homes with many helpers than where there are none. This, I am sure, is not because of neglected duties, as she saw them, or because her patient's comfort was not her dearest consideration, but perhaps she was sometimes afraid of lowering herself or her profession in doing tasks where she would fall on a level with a domestic. I wonder if this might not be called false pride; it is a mistake I know more than one nurse has made. Honest work will never degrade anybody, and since we all serve, from the ruler of a nation down to his humblest subjects, we ought not to feel that any help we can give to others, whether these are above or beneath us in standing, will lower us. A kind word and deed will always be repaid. Often all that is necessary to start the house-

hold wheel in the right direction is a bright and cheerful good morning. It would be well to remember that

“Hearts like doors will ope with ease
To very little, little keys;
Then don't forget that two are these
Thank-you and if-you-please.”

A nurse must insist upon her daily hour or two off duty. It might have to be given up, for the sake of her patient, for a few days, but for this same reason, her patient's welfare, she must try to arrange things in such a way that it will not be necessary long. Somebody can always be trusted to stay in the sickroom for at least a half hour at a time, and during this precious hour I advise all my fellow-nurses to take a good, brisk walk, no matter what sort of weather. There is no panacea in the world like it to send away the blues; it not only cures but prevents this ailment. I would rather sleep an hour less than miss my outdoor exercise, even when sleep seems the most precious of all things.

It is also impossible to go on with nursing without, at least once a year, a little recreation, change of scenery and surroundings for a few weeks. If possible, travel a bit. We need to broaden. The changing about among patients is not sufficient, as we also need to live our own lives once in a while, for when on duty it is our patient's and not our own we usually live. A trip abroad is splendid once in a few years. Even if we have to spend the earnings of several months' hard work, it pays in the end—for “all work and no play makes Jack a dull boy.”

AN INEXPENSIVE OUTFIT FOR AN OBSTETRICAL CASE

BY SINAH FILE KITZING

Graduate of the Illinois Training School for Nurses

SUGGESTIONS for an obstetrical case which includes all the necessities and costs very little over five dollars may be welcome to some of the JOURNAL readers.

The list of all sterilized articles is as follows:

| | |
|---------------------------|-----------------------------|
| 4 sheets | breast pledgets |
| 12 towels | 2 bed pads, one yard square |
| 1 binder | applicators |
| flannel receiver for babe | 2 nail brushes |
| 8 dozen vulva pads | tape for cord |
| 12 cord dressings | |